PAGE 1 / 31

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than A	n Authorized Committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typ over the lines.	e 12FE4M5
NEW REPUBLICAN	N PAC		
ADDRESS (number and stree	t) 204 S MONROE ST	. SUITE 201-A	
Check if different			
than previously reported. (ACC)	TALLAHASSEE		FL 32301 -
2. FEC IDENTIFICATION	N NUMBER ▼	CITY ▲	STATE ▲ ZIP CODE ▲
C C00544544		3. IS THIS REPORT NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2) May 20 Mar 20 (M3) Jun 20	(M6) Sep 20 (M9) Dec 20 (M1) (Non-Election (Non-Election
(a) Quarterly Reports:		Apr 20 (M4) Jul 20 (	(M7) Oct 20 (M10) Year Only)  Jan 31 (YE)
April 15 Quarterly Repo	ort (Q1) (c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Repo	PRF-Flect	tion	Special (12S)
October 15 Quarterly Repo	ort (Q3)		
January 31 Year-End Repo	ort (YE)	Election on	in the State of
July 31 Mid-Ye Report (Non-el- Year Only) (MY	ection () POST-Ele Report for	` ′	Runoff (30R) Special (30S
Termination Re (TER)	port	Election on	in the State of
5. Covering Period	M M / D D / Y 01		M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
I certify that I have examine	ed this Report and to the	best of my knowledge and belief it	t is true, correct and complete.
Type or Print Name of Trea	DÖZIER, JULIE, , , surer		
Signature of Treasurer	DOZIER, JULIE, , ,	[Electronically Filed]	Date 07 / 31 / 2019
NOTE: Submission of false, e	erroneous, or incomplete info	ormation may subject the person sig	ning this Report to the penalties of 52 U.S.C. § 301
Office Use			FEC FORM 3X Rev. 05/2016

### SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name NEW REPUBLICAN PAC 01 01 2019 06 30 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 477807.54 January 1, 2019 (b) Cash on Hand at 477807.54 Beginning of Reporting Period..... 421987.72 421987.72 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 899795.26 899795.26 6(a) and 6(c) for Column B)..... 645409.92 645409.92 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 254385.34 254385.34 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 191752.42 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### NEW REPUBLICAN PAC

Report Covering the Period: From: 01	01 2019 -	To: 06 30 2019
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	248550.00	248550.00
(ii) Unitemized	450.00	450.00
(ii) Unitemized(iii) TOTAL (add	100.00	100.00
Lines 11(a)(i) and (ii)	249000.00	249000.00
	3 3	7 7 7
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	10000.00	40000 00
(such as PACs)	10000.00	10000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	259000.00	259000.00
Totals to Line 33, page 5)	4 15000000	4 4
Party Committees	0.00	0.00
. 4.1,	4 4	4 4
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	400007.70	100007 70
(Carry Totals to Line 37, page 5)	162987.72	162987.72
Refunds of Contributions Made     to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		0.00
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	4 4	4 4
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Tabel Transfers (add 120)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	421987.72	421987.72
. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	421987.72	421987.72

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)		Jaistina. Tour to Buto
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4	
Expenditures	645409.92	645409.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	645409.92	645409.92
Transfers to Affiliated/Other Party	4 4	
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	4 4	
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)	20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	3.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	645409.92	645409.92
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	645400.00	
	645409.92	645409.92

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 259000.00 259000.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 259000.00 259000.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 645409.92 645409.92 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 162987.72 162987.72 (from Line 15, page 3)..... 38. Net Operating Expenditures 482422.20 482422.20 (subtract Line 37 from Line 36) ......

#### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER	:	PAGE	6	OF	31
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12	!	
		13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	e name and address of any political committee	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC		
Full Name of Individual (Last, First, Middle In AIRLINES FOR AMERICA	, ,	Date of Receipt
Mailing Address 1275 PENNSYLVANIA AVE I SUITE 1300		01 09 2019
City WASHINGTON	State Zip Code DC 20004	Transaction ID : SA11AI.4103  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25000.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	
Full Name of Individual (Last, First, Middle In ALTRIA CLIENT SERVICES LLC Mailing Address PO BOX 85088	itial) or Full Organization Name	Date of Receipt
City RICHMOND FEC ID number of contributing	State Zip Code VA 23285	01 09 2019  Transaction ID : SA11AI.4101  Amount of Each Receipt this Period  10000.00
Receipt For:  Primary  General	Occupation (for Individual)  Aggregate Year-to-Date ▼	Memo Item CONTRIBUTION
Other (specify) ▼  Full Name of Individual (Last, First, Middle In  CLEAR CHOICE HEALTHCARE	itial) or Full Organization Name	Date of Receipt
Mailing Address 709 S. HARBOR CITY BLVD SUITE 240 City MELBOURNE	State Zip Code FL 32901	Transaction ID : SA11AI.4113  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 10000.00	
SUBTOTAL of Receipts This Page (optional)		45000.00
TOTAL This Period (last page this line number	only)	

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

31

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name COTO, JULIAN, , , Date of Receipt Mailing Address 303 AVILA COURT 2019 City Zip Code State Transaction ID: SA11AI.4138 FL WINTER SPRINGS 32708 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **EXCEL ENGINEERING ENGINEER** CONTRIBUTION Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** FLORIDA POWER & LIGHT COMPANY Date of Receipt Mailing Address 700 UNIVERSE BOULEVARD 2019 City State Zip Code Transaction ID: SA11AI.4119 JUNO BEACH FL 33408 Amount of Each Receipt this Period FEC ID number of contributing 25000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CONTRIBUTION - REFUND ISSUED 7/30/19 Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 25000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. GEO ACQUISITION II Date of Receipt Mailing Address 621 NW 53RD ST 80 2019 **STE 700** City State Zip Code Transaction ID: SA11AI.4099 FL **BOCA RATON** 33487 Amount of Each Receipt this Period FEC ID number of contributing C 100000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CONTRIBUTION Receipt For: Aggregate Year-to-Date ▼ Primary General 100000.00 Other (specify) 125050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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F	OR	LINE	NU	MBER	:	PAGE	8	OF	31
(check only one)									
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or	for commercial purposes, other than using the i	name and add	lress of any political committee to	o solicit contributions from such committee.
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC			
Α.	Full Name of Individual (Last, First, Middle Initial HEAVENER, JAMES, , ,  Mailing Address 731 PINE TREE RD  City WINTER PARK  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	State FL C	Zip Code 32789  ation (for Individual)	Date of Receipt    M
	FULL SAIL UNIVERSITY  Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 25000.00	CONTRIBUTION
В.	Full Name of Individual (Last, First, Middle Initial HERITAGE MGA, LLC  Mailing Address 2600 MCCORMICK DR SUITE 300  City  CLEARWATER  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)	State FL	Zip Code 33759 ation (for Individual)	Date of Receipt  O1
C.	Full Name of Individual (Last, First, Middle Initial RICHTER, TODD, B., ,  Mailing Address 400 FIFTH AVENUE  APT 58-E  City  NEW YORK  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  GUGGENHEIN PARTNERS  Receipt For:  Primary  General  Other (specify)	State NY	Zip Code 10018 ation (for Individual)	Date of Receipt  M M M
┢	SUBTOTAL of Receipts This Page (optional)			53500.00
Ι'	OTAL This Period (last page this line number or	ı ıı y <i>)</i>		

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOF	R LINE	NUMBER	:	PAGE	 OI	=	31
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	×	11a	11b	1	1c	12		
		13	14	1	5	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC		
Full Name of Individual (Last, First, Middle In SEMINOLE TRIBE OF FLORIDA Mailing Address 6300 STIRLING ROAD	nitial) or Full Organization Name	Date of Receipt
City HOLLYWOOD	State Zip Code FL 33024	Transaction ID : SA11AI.4109
FEC ID number of contributing federal political committee.	C 33024	Amount of Each Receipt this Period 25000.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item CONTRIBUTION - REFUND ISSUED 7/30/19
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	
Full Name of Individual (Last, First, Middle Ir  Mailing Address	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	The state of the s
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	25000.00
TOTAL This Period (last page this line number	r only)	248550.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 31 (check only one)  11a 11b
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC			
Full Name of Individual (Last, First, Middle In GREENBERG TRAURIG, P.A. PAC  Mailing Address 54 STATE STREET  6TH FLOOR  City  ALBANY  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary  General  Other (specify)   Full Name of Individual (Last, First, Middle In St.	State NY  C COC  Occ  Aggregate	Zip Code 12207 0266585 upation (for Individual) Year-to-Date ▼	Date of Receipt  O1 23 2019  Transaction ID: SA11C.4111  Amount of Each Receipt this Period  10000.00  Memo Item  CONTRIBUTION  Date of Receipt
Mailing Address  City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	C	upation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	]
Full Name of Individual (Last, First, Middle In Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General	State	Zip Code  Upation (for Individual)  Year-to-Date ▼	Amount of Each Receipt this Period  Memo Item
Other (specify)  SUBTOTAL of Beceipts This Page (optional)		7   7   7	10000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

10000.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 31 (check only one)			
Any information copied from such Reports and S			for each category of the	11a 11b 11c 12			
			Detailed Summary Page	13 14 <b>X</b> 15 16 17			
	ly information copied from such Reports and State for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full)						
	NEW REPUBLICAN PAC						
Α.	Full Name of Individual (Last, First, Middle Initia CROSS SCREEN MEDIA	al) or Full O	rganization Name	Date of Receipt			
	Mailing Address 127 SOUTH PEYTON ST SUITE 301			01 23 2019			
	City	State	Zip Code	Transaction ID : SA15.4115			
	ALEXANDRIA	VA	22314	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		10500.00			
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item			
			apanen (ioi mamaaa)	REFUND - MEDIA			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		10500.00	1			
	Sales (epoony) V		<del></del>	1			
В.	Full Name of Individual (Last, First, Middle Initia MATSON MEDIA	al) or Full O	rganization Name	Date of Receipt			
	Mailing Address 1201 HAMPTON STREET SUITE 3B			03 22 2019			
	City	State	Zip Code	Transaction ID : SA15.4186			
	COLUMBIA	SC	29201	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		149987.72			
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item REFUND - MEDIA			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		149987.72	]			
_	Full Name of Individual (Last, First, Middle Initi- TAG REAL ESTATE HOLDINGS, I		rganization Name	Date of Receipt			
C.	Mailing Address 204 S MONROE ST STE A	LLO		03 08 2019			
	City	State	Zip Code	Transaction ID : SA15.4201			
	TALLAHASSEE	FL	32301	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		2500.00			
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item REFUND - RENT			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify)	33 13 11	2500.00	]			
<u></u>	UBTOTAL of Receipts This Page (optional)			162987.72			
F	CETETAL OF HOOOPIC (1110 ) age (optional)						
Ĺт	OTAL This Period (last nage this line number o	nlv)		162987.72			

TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	_	FOR LINE NUMBER: PAGE 12 OF 31 (check only one)			
I LIVILLE DIODONOLIVILIATO	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC						
Full Name (Last, First, Middle Initial)  A. CARBONE, CRAIG, , ,			Date of Disbursement			
Mailing Address 1112 S. MAGNOLIA DRIVE APT J101			01 08 2019			
TALLAHASSEE	State Zip Code FL 32301		FEC Identification Number			
Purpose of Disbursement MANAGEMENT CONSULTING SERVICES Candidate Name		Category/	Transaction ID : SB21B.4195  Amount of Each Disbursement this Period			
	Primary General	Туре	4649.86			
State: President State:	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)  3. CMDI			Date of Disbursement			
Mailing Address 1593 SPRING HILL RD STE 400	01 17 2019					
City TYSONS CORNER Purpose of Disbursement		FEC Identification Number				
DATABASE MANAGEMENT Candidate Name		Category/ Type	Transaction ID : SB21B.4171 Amount of Each Disbursement this Period			
	nent For: Primary General Other (specify)	71: -	1500.00			
State: District:	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial)  CMDI	Date of Disbursement					
Mailing Address 1593 SPRING HILL RD STE 400			02 25 2019			
TYSONS CORNER	State Zip Code VA 22182		FEC Identification Number			
Purpose of Disbursement DATABASE MANAGEMENT  Candidate Name						
Office Sought: House Disbursen	nent For: Primary General	Category/ Type	Amount of Each Disbursement this Period 1500.00			
State: District:		Memo Item				
<u> </u>			7649.86			
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)		······································	4 4			

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 13				
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check o	,			
		Summary Page	<b>X</b> 21		23 28c	26	27 30b
Any information copied from such Reports and State	monte may	not be sold or use					
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
NEW REPUBLICAN PAC							
Full Name (Last, First, Middle Initial)							
A. CMDI				Date of	Disburse	ment	
Mailing Address 1593 SPRING HILL RD				03	/ D 1		2019
STE 400							
City	State VA	Zip Code		FEC Id	entification	Number	
TYSONS CORNER Purpose of Disbursement	VA	22182					-
DATABASE MANAGEMENT			Г			ID 00040	1170
Candidate Name			Category/			ID: SB21B. Disburseme	.4173 ent this Period
			Type				1500.00
Office Sought: House Disburse Senate	ment For: Primary	General				7	1500.00
President	Other (spe				mo Item		
State: District:	J			IVIE	ino item		
Full Name (Last, First, Middle Initial)				5	5		
B. CMDI				Date of	Disburse		
Mailing Address 1593 SPRING HILL RD				04	/ D 1		2019
STE 400							
City TYSONS CORNER	State VA	Zip Code 22182		FEC Id	entification	Number	
Purpose of Disbursement		22102		С			-
DATABASE MANAGEMENT					nsaction	ID : SB21B.	4174
Candidate Name			Category/	Amoun	of Each	Disburseme	ent this Period
Office Sought: House Disburse	ment For:		Type	-			1500.00
Senate	Primary	General					4
President	Other (spe	ecify)		Me	mo Item		
State: District:							
Full Name (Last, First, Middle Initial)  C. CMDI				Date of	Disburse	ment	
				M = M	/ D	D / Y	Y Y Y
Mailing Address 1593 SPRING HILL RD				05	10	6	2019
STE 400 City	State	Zip Code					
TYSONS CORNER	VA	22182		FEC IO	entificatior	n Number	
Purpose of Disbursement DATABASE MANAGEMENT				C			
Candidate Name			Catagony			ID: SB21B	.4175 ent this Period
			Category/ Type	Amoun	Of Lacif	Disburserrie	ant tins i enou
	ement For:				_	-	1500.00
Senate President	Primary Other (spe	General					
State: District:	Julier (apt	Jony) ▼	Memo Item				
SUBTOTAL of Disbursements This Page (optional).			·····•				4500.00
TOTAL This Period (last page this line number only	<i>(</i> )						

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SCHEDULE B (FEC F	form 3X)			FO	R LIN	IE N	UMBER	:			PAGE	14 OF	31		
ITEMIZED DISBURSEN	MENTS		arate schedule(s) category of the		(check only one)										
			Summary Page		21	L	22		23	26		27			
		<u> </u>			28		28b		28c	29		30b			
Any information copied from such or for commercial purposes, other															
NAME OF COMMITTEE (In Fu											0				
NEW REPUBLICAN	,														
/															
Full Name (Last, First, Middle I	,						Doto -	f Di-	huraa	mon*					
A. CROSBY OTTENHO	FF GROUP						Date of Disbursement								
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A. DRUCKER LAWHON LLP				Date of	of Disburse	ement				
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Mailing Address 2647 JACKSON DRIVE				01	2	3 2019				
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Purpose of Disbursement FUNDRAISING CONSULTING / TRAVEL / PHONI	F SERVICE									
Candidate Name						ID : SB21B.4182				
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City FALLS CHURCH	State VA	Zip Code 22043		FEC Id	dentificatio	n Number				
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TRAVEL / FOOD/BEVERAGE					ansaction	ID : SB21B.4210				
Candidate Name			Category/	Amour	nt of Each	Disbursement this Period				
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c. ENLIGHTEN SOLUTIONS LLC				M						
Mailing Address 4311 WEST ADAMS				04		6 2019				
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City TEMPLE	State TX	Zip Code 76504		FEC Id	dentificatio	n Number				
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A. ENTERPRISE RENT A CAR				Date of D	Disbursement					
Mailing Address PO BOX 841181				03 07 2019						
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KANSAS CITY Purpose of Disbursement	МО	64184								
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B. GOODSPEED, LISA, , ,				Date of D	Disbursement					
Mailing Address 2055 THOMASVILLE ROAD APT C-204				01	08 2019					
City	State	Zip Code		FEC Iden	ntification Number					
TALLAHASSEE Purpose of Disbursement	FL	32308								
MANAGEMENT CONSULTING SERVICES				C						
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C. GOODSPEED, LISA, , ,					Disbursement					
Mailing Address 2055 THOMASVILLE ROAD				01	11 2019					
APT C-204	I									
City TALLAHASSEE	State FL	Zip Code 32308		FEC Iden	ntification Number					
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Candidate Name			Category/	Amount o	of Each Disbursement this Period					
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A. AMERICAN AIRLINES					Date of	f Disburs					
Mailing Address 4255 AMON CARTER BOULEVA	RD				01 11 2019						
City	State	Zip Code			FFC Id	entificatio	n Number				
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Purpose of Disbursement TRAVEL				71	C						
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B. GRASSROOTS TARGETING					Date of	f Disburs		YYY			
Mailing Address 707 PRINCE ST					01		17 Y	2019			
City	State	Zip Code			FEC Id	entificatio	n Number				
ALEXANDRIA Purpose of Disbursement	VA	22314			С						
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Candidate Name			Categor	y/			_	ment this Period			
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C. GRASSROOTS TARGETING						f Disburs		YYYY			
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Purpose of Disbursement OFFICE SUPPLIES / POSTAGE					C	ansactio	n ID : SB21	1B.4211			
Candidate Name			Categor	y/	Amoun	t of Each	Disburser	ment this Period			
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A. HARBINGER, LLC					Date of Disbursement							
Mailing Address 1401 I STREET NW STE 330					01 01 2019							
,	State	Zip Code			FEC Id	entificatio	n Number					
WASHINGTON Purpose of Disbursement	DC	20005										
EVENT MNGT / FACILITY RENTAL / STAGING / (	CATERING	/ SECURITY	L		C							
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B. HARBINGER, LLC					Date of	Disburse						
Mailing Address 1401 I STREET NW STE 330					01		07	2019				
City WASHINGTON	State DC	Zip Code 20005			FEC Id	entificatio	n Number					
Purpose of Disbursement				_	С							
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Senate	Primary	General										
President	Other (spe				Memo Item							
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Full Name (Last, First, Middle Initial)  C. HARBINGER, LLC					Date of	Disburse	ement					
o. HARBINGER, LLC					M M	/ D		YYY				
Mailing Address 1401 I STREET NW STE 330					01		8	2019				
City	State	Zip Code			FFC Id	entificatio	n Number					
WASHINGTON	DC	20005										
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Candidate Name			Categor Type	y/	Amount	of Each	Disbursen	nent this Period				
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NAME OF COMMITTEE (In Full)  NEW REPUBLICAN PAC					200.000					
Full Name (Last, First, Middle Initial)  A. HARBINGER, LLC				Date of Disbursement						
Mailing Address 1401 I STREET NW STE 330				01 28 2019						
City WASHINGTON Purpose of Disbursement	State Zip Code 20005			FEC Identification Number						
EVENT MNGT / FACILITY RENTAL / STAGING / C SVC Candidate Name	egory/		ction ID : SB21B.4180 Each Disbursement this Period							
Office Sought: House Disbursen Senate President	ype		175901.44							
State: District:	Other (specify) ▼	Memo Item								
Full Name (Last, First, Middle Initial)  B. HOLTZMAN VOGEL  Mailing Address 45 NORTH HILL DRIVE		Date of Dis	bursement  26  2019							
,	State Zip Code VA 20186	Э		FEC Identif	ication Number					
Purpose of Disbursement LEGAL CONSULTING	23130			C	ction ID : SB21B.4189					
Candidate Name  Office Sought: House Disbursen	nont For		egory/ ype		Each Disbursement this Period					
Senate		neral		Memo	4 4					
Full Name (Last, First, Middle Initial)  C. LOMAGISTRO, COLLIN, , ,				Date of Dis						
Mailing Address 2622 OPEQUON BEND				01	08 / 2019					
City TALLAHASSEE Purpose of Disbursement MANAGEMENT CONSULTING SERVICES	State Zip Code FL 32312			С	ication Number					
Candidate Name			egory/ Type		ction ID : SB21B.4191 Each Disbursement this Period					
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Full Name (Last, First, Middle Initial)  A. LOMAGISTRO, COLLIN, , ,				Date of Disbursement						
Mailing Address 2622 OPEQUON BEND				01 08 2019						
City TALLAHASSEE	State FL	Zip Code 32312		FEC Identification Number						
Purpose of Disbursement TRAVEL Candidate Name		C Transaction ID : SB21B.4206								
	sement For:		Category/ Type	Amount of Each Disbursement this Period 863.93						
Senate President	Primary Other (spe	General cify) ▼		Memo Item						
State: District:				<u> </u>						
Full Name (Last, First, Middle Initial)  B. DELTA AIRLINES				Date of Disbursement						
Mailing Address PO BOX 20706				01 08 2019						
City ATLANTA	State GA	Zip Code 30320		FEC Identification Number						
Purpose of Disbursement TRAVEL Candidate Name				Transaction ID : SB21B.4206.0						
			Category/ Type	Amount of Each Disbursement this Period 461.60						
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C. JW MARRIOTT  Mailing Address 1331 PENNSYLVANIA AVE NV	V			01 08 2019						
City	State	Zip Code		FEC Identification Number						
WASHINGTON Purpose of Disbursement TRAVEL	DC	20004		С						
Candidate Name			Category/ Type	Transaction ID: SB21B.4206.  Amount of Each Disbursement this Period						
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Mailing Address 6618 HEARTLAND CIRCLE					03		28	Ľ.	2019	
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					FEC Ide	entification	on Nur	nber		
Purpose of Disbursement				$\neg$	C		_			
Candidate Name							-			
Candidate Name			Category	//	Amount	of Each	Disbu	urseme	ent this F	Period
Office Sought: House Disbursem	ent For:		Type	_						
	Primary	General	General							
	Other (spec		Memo Item							
State: District:					lviei	no item				
						-	-			
SUBTOTAL of Disbursements This Page (optional)				<b>•</b>				7	10392.6	50
									645045.8	27
<b>TOTAL</b> This Period (last page this line number only).					1 .				J 70070.C	"

### SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 23 OF 31

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.4251 **NEW REPUBLICAN PAC** Election: **LOAN SOURCE** Full Name (Last, First, Middle Initial) CASTELLANOS, ALEJANDRO, , , Memo Item Primary General Mailing Address 399 NORTH QUAKER LANE Other (specify) ▼ City State ZIP Code **ALEXANDRIA** 22304 VA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 20000.00 20000.00 0.00 TERMS Date Incurred Date Due Interest Rate Secured: 03 02 2015 12/31/2015 0.00 X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 20000.00 TOTALS This Period (last page in this line only)..... 20000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

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24 OF

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRINTING BOOKLETS NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4222 Outstanding Balance Beginning This Period 18012.93 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 18012.93 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4223 3769.58 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3769.58 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4224 2248.68 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2248.68 0.00 24031.19 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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25 OF

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **BOOKLET PRINTING** NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4225 Outstanding Balance Beginning This Period 2117.29 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2117.29 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRINTING - ADVERTISING/MARKETING NEW REPUBLICAN, LLC BOOKLET Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4226 904.12 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 904.12 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4227 2640.03 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2640.03 0.00 5661.44 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 26
FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MARKETING BOOKS NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4228 Outstanding Balance Beginning This Period 1352.72 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1352.72 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4229 2377.72 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2377.72 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING - JANUARY NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4230 20833.34 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 20833.34 0.00 24563.78 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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27 OF

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING NEW REPUBLICAN, LLC **FEBRUARY** Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4231 Outstanding Balance Beginning This Period 20833.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 20833.34 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4232 1667.73 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1667.73 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING MARCH NEW REPUBLICAN, LLC 2016 Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4233 20833.34 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 20833.34 0.00 43334.41 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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**X** 10 NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4234 Outstanding Balance Beginning This Period 610.66 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 610.66 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING APRIL NEW REPUBLICAN, LLC 2016 Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4235 20833.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 20833.34 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4236 602.16 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 602.16 22046.16 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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OF

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NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADMINISTRATIVE CONSULTING - MAY 2016** NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4237 Outstanding Balance Beginning This Period 20833.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 20833.34 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4238 341.96 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 341.96 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SHIPPING EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4239 123.76 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 123.76 21299.06 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ......

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 30
FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4240 Outstanding Balance Beginning This Period 2198.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2198.24 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): STRATEGIC CONSULTING NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4241 20833.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 20833.34 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SHIPPING AND NEW REPUBLICAN NEW REPUBLICAN, LLC **MERCHANDISE** Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4242 4420.95 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 4420.95 0.00 27452.53 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 31
FOR LINE NUMBER: (check only one)

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31 OF

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SHIPPING/MARKETING NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4243 Outstanding Balance Beginning This Period 775.15 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 775.15 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SHIPPING EXPENSE NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4244 155.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 155.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING** NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4245 2433.70 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2433.70 0.00 3363.85 1) SUBTOTALS This Period This Page (optional)..... 171752.42 2) TOTALS This Period (last page this line number only)..... 20000.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 191752.42 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶